Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

As the below named inventor(s), I/we declare that:		
This declaration is direct	· · · · · · · · · · · · · · · · · · ·	
	The attached application, or	
Ц	Application No, filed on,	
	as amended on(if applicable);	
I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;		
I/ we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;		
to me/us to be mater became available betw	duty to disclose to the United States Patent and Trademark Office all information known ial to patentability as defined in 37 CFR 1.56, including material information which ween the filing date of the prior application and the National or PCT International filing 1-in-part application, if applicable; and	
belief are believed to false statements and the	perein of my/own knowledge are true, all statements made herein on information and be true, and further that these statements were made with the knowledge that willful ne like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may of the application or any patent issuing thereon.	
FULL NAME OF INVE	NTOR(S)	
	ude Roger Morin	
Signature:	uch more Citizen of: US	
Inventor two:		
Signature:	Citizen of:	
Inventor three:	·	
Signature:	Citizen of:	
Inventor four:		
Signature:	Citizen of:	

Burden Hour Statement: This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by the public to file (and the PTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

_additional form(s) attached hereto.

Additional inventors are being named on

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT.

Application Number	
Filing Date	
First Named Inventor	Claude Roger Morin
Title	Flowable Material Transfer
Group Art Unit	
Examiner Name	
Attorney Docket Number	03-067

Practitioners at Customer Number OR Practitioner(s) named below: Name Registration Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.
Practitioner(s) named below: Name Registration Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all
Practitioner(s) named below: Name Registration Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all
Name Registration Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all
business in the Onited States Patent and Trademark Onice connected therewith.
Please change the correspondence address for the above-identified application to:
The above-mentioned Customer Number.
OR Place Customer Number Bar Code
Practitioners at Customer Number OR Number Bar Code Label here
Firm or
Individual Name
Address
Address
City State Zip
Country
Telephone Fax
l am the: ✓ Applicant/Inventor.
Applicant/Inventor.
Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
SIGNATURE of Applicant or Assignee of Record
Name Claude Roger Morin
Signature Clauds on orin
Date 8-30-03
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple
forms if more than one signature is required, see below*. Z *Total of1